2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# N16980

Entity Name: NORTH MERRITT ISLAND HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5555 N TROPICAL TRAIL
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 542372
MERRITT ISLAND, FL 32953 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRAGG, CAROL
4545 ANNETTE CT
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RATTERMAN, JACK
Address: 568 E HALL RD
City-St-Zip: MERRITT ISLAND, FL 32953

Title: SAAD ( ) Delete
Name: PENN, RON
Address: 1750 DEE DRIVE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TD ( ) Delete
Name: BRAGG, CAROL
Address: 4545 ANNETTE CT
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VPD ( ) Delete
Name: COOK, CHRIS
Address: 1520 PINE ISLAND
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL BRAGG TD 04/22/2008

Electronic Signature of Signing Officer or Director — Date